



Fairfield Union Local School District

Board of Education Office
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Parent Permission to Assess - Dyslexia Screening Measure

Grades 4-6

Ohio's dyslexia support laws (ORC 3323.25) define dyslexia as "a specific learning disorder that is neurological in origin and that is characterized by unexpected difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities not consistent with the person's intelligence, motivation, and sensory capabilities, which difficulties typically result from a deficit in the phonological component of language." Students with dyslexia tend to have difficulty processing speech sounds, decoding words and reading fluently. Such difficulties often lead to slow and inaccurate reading, inadequate comprehension and difficulty with written and/or spoken language

According to Ohio Revised Code 3323.251 (Dyslexia Screening), a student's parent, guardian, or custodian can request that a dyslexia screening measure be administered to their child. ***If you would like to have your child screened, please sign and return this form.*** The assessment will be conducted during regular school hours. Once testing is complete, you will receive a copy of your child's test results. If you have any questions or concerns, please contact the building principal for more information.

To be completed by parent/guardian: Return to building principal

I understand that by granting permission, my child will be assessed by designated personnel and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of my child's results and if they show markers for dyslexia.

_____ **Permission is given for assessing my child**

Student Name: _____ **DOB:** ____/____/____

School: _____ **Current Grade:** _____

Parent/Guardian Name (print): _____

Address: _____

Phone: _____ **Email:** _____

Signature of Parent/Guardian

Date

To be completed by the school:		
Received by:	Date:	
Screening Level: Tier I	Assessor:	Date: